

Advancing HIV Prevention: New Strategies for a Changing Epidemic



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Advancing HIV Prevention (AHP)

- What is the new initiative?
- Why a new initiative?
- What are the strategies?
- How does it impact/change our work in HIV prevention?



What is AHP?

- **Advancing HIV Prevention is aimed at:**
 - Reducing barriers to early diagnosis of HIV infection
 - Increasing access to quality medical care, treatment
 - Providing ongoing prevention services for persons living with HIV
- **Goal is to reduce HIV transmission**



Why AHP Now?

- **Stable morbidity and mortality**
- **Concerns about possible increases in HIV incidence**
- **Lack of knowledge of serostatus**
- **Effect of knowledge of serostatus on behavior**
- **Availability of a simple, rapid HIV test**

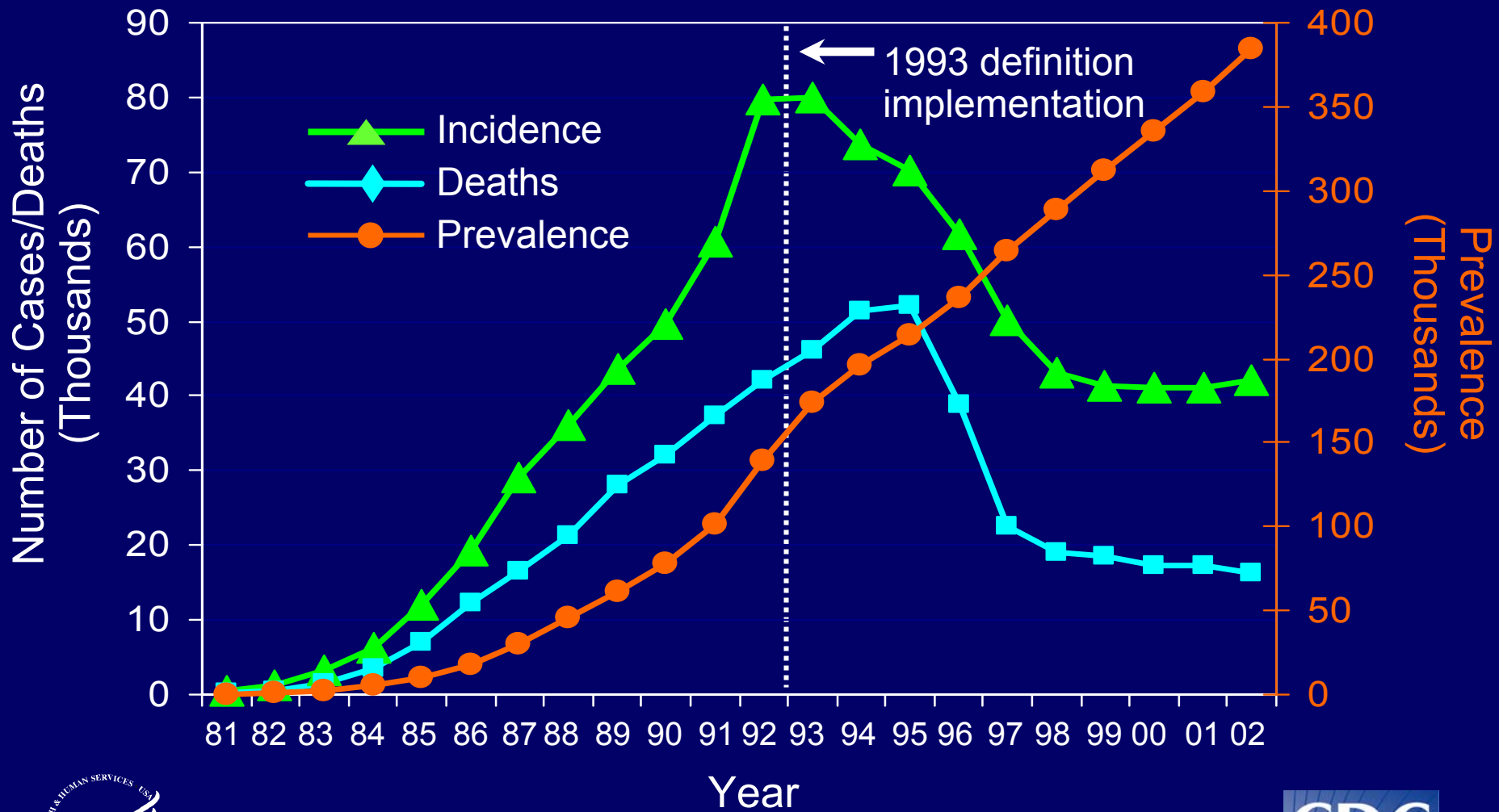


AIDS Cases and Deaths Reported 1981 – 2002, United States

	<u>Cases</u>	<u>Deaths</u>
Adults/Adolescents	849,780	482,330
Children (<13 years)	9,220	5,342
Total	859,000	487,672



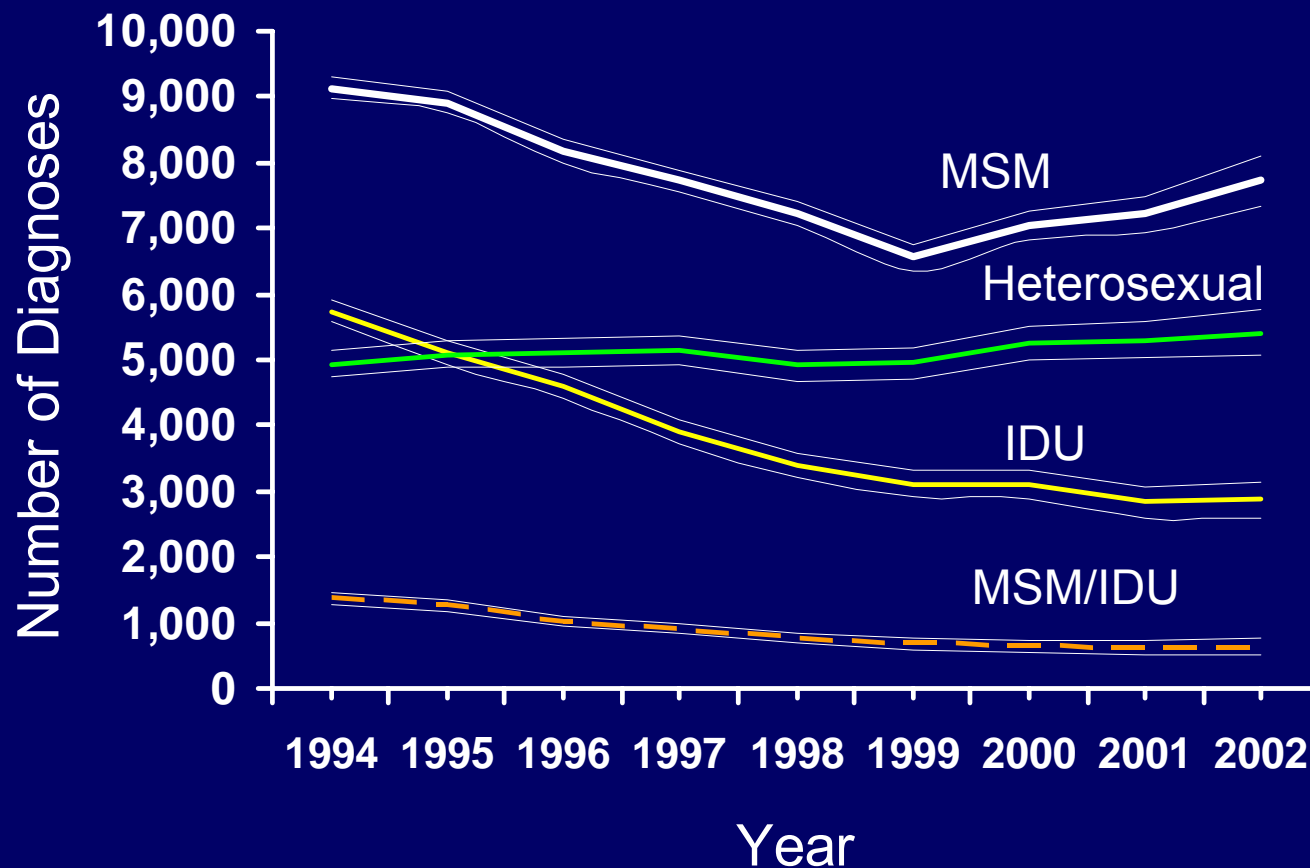
Estimated Incidence of AIDS, Deaths, and Prevalence, by Year of Diagnosis/Death, United States, 1981–2002*



*Adjusted for reporting delays



Estimated Number of HIV Diagnoses*, by Mode of Exposure and Year of Diagnosis - 25 States, 1994 – 2002*



Note: Reported through June 2003

* Includes all new HIV diagnoses with and without AIDS. Adjusted for reporting delays and redistribution of exposure for cases reported without information on mode of exposure.

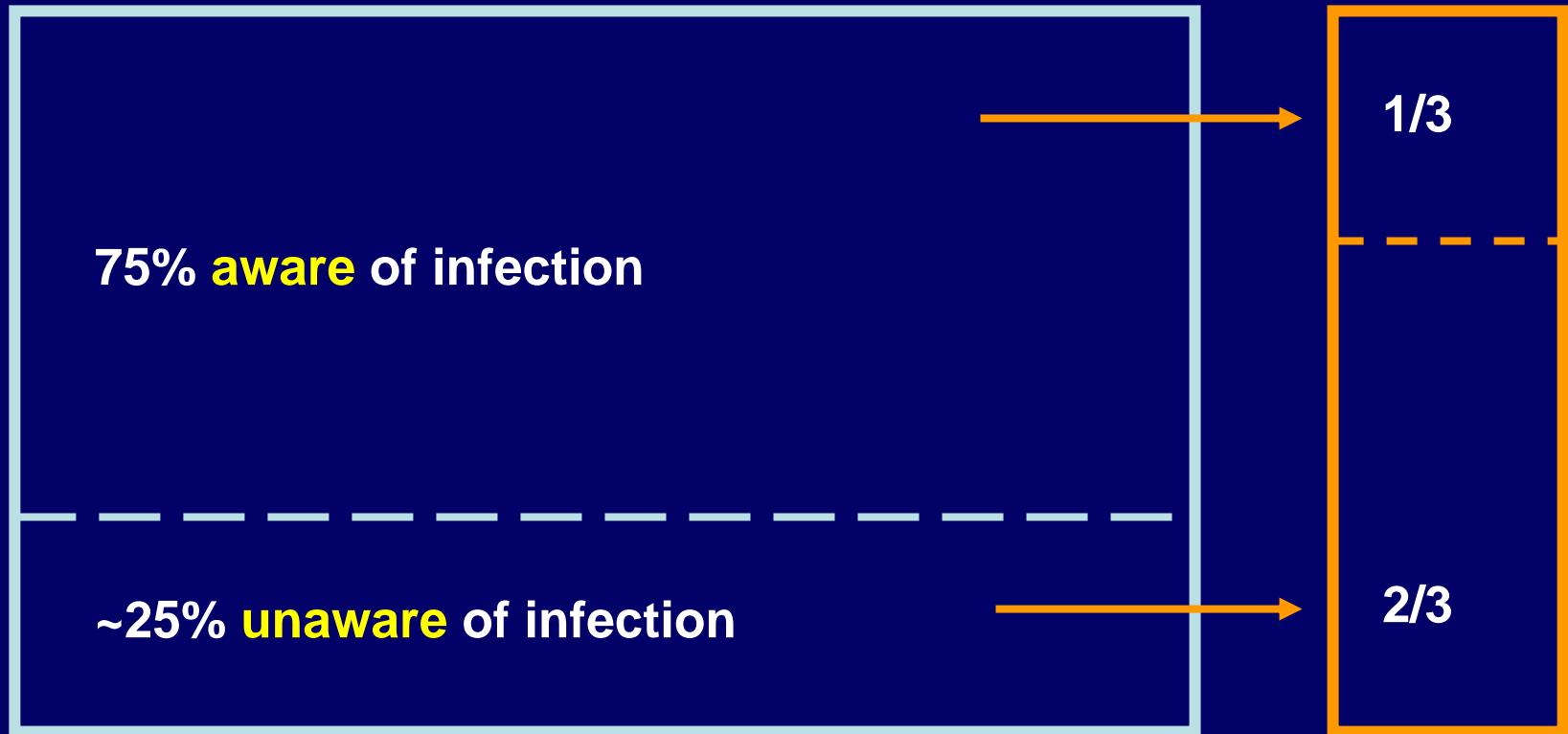
+ Alabama, Arkansas, Arizona, Colorado, Idaho, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Missouri, New Jersey, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.



Awareness of Serostatus among Persons with HIV & Estimates of Transmission

Estimated: 850,000-950,000
PLWH in US

Estimated: 40,000
new infections/year



Late Testing

Surveillance Data 1994-1999

- 104,780 persons diagnosed with HIV
- 43,089 (41%) developed AIDS within a year after HIV positive test



Neal J. 9th CROI, 2002



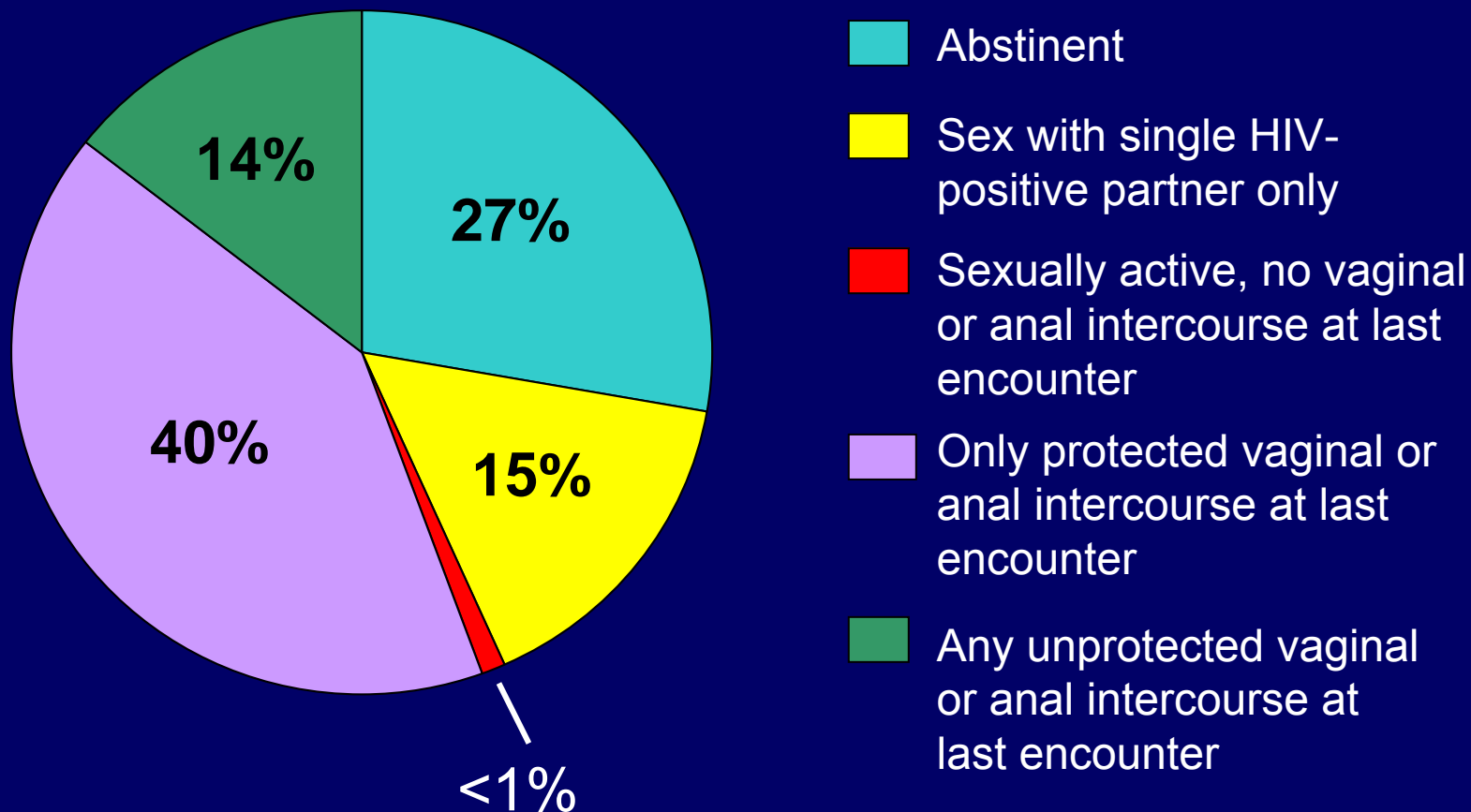
CDC Funded HIV Testing 2000

- Number of tests approx. 2,000,000
- New HIV diagnoses 18,000
- % who didn't return for results 31%

CDC (unpublished)



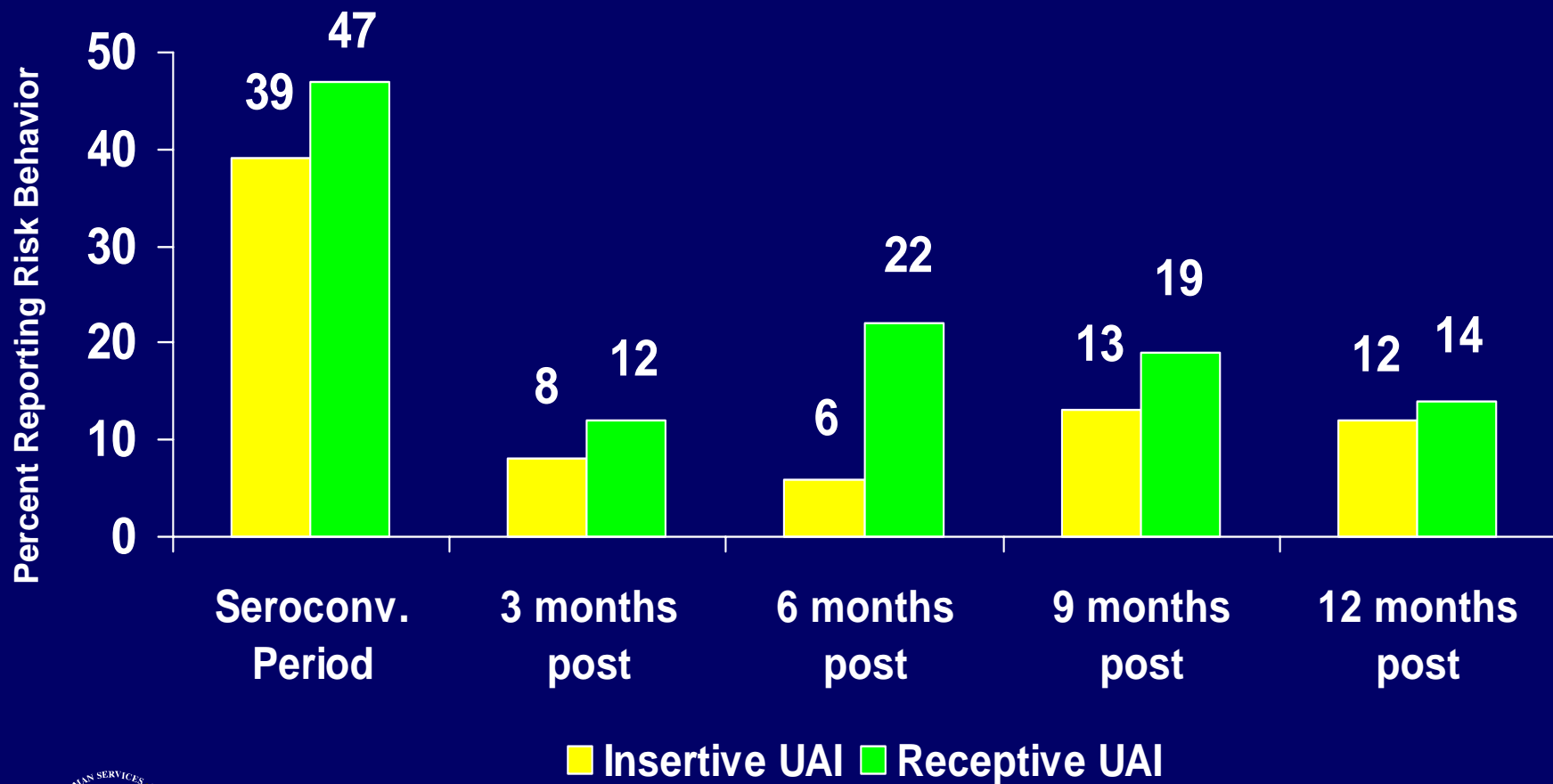
Sexual Behaviors of 1,606 HIV-Infected Persons* Interviewed in SHAS, 2002



* Sexual behavior in the last 12 months among persons who knew their serostatus for 12 months or more.



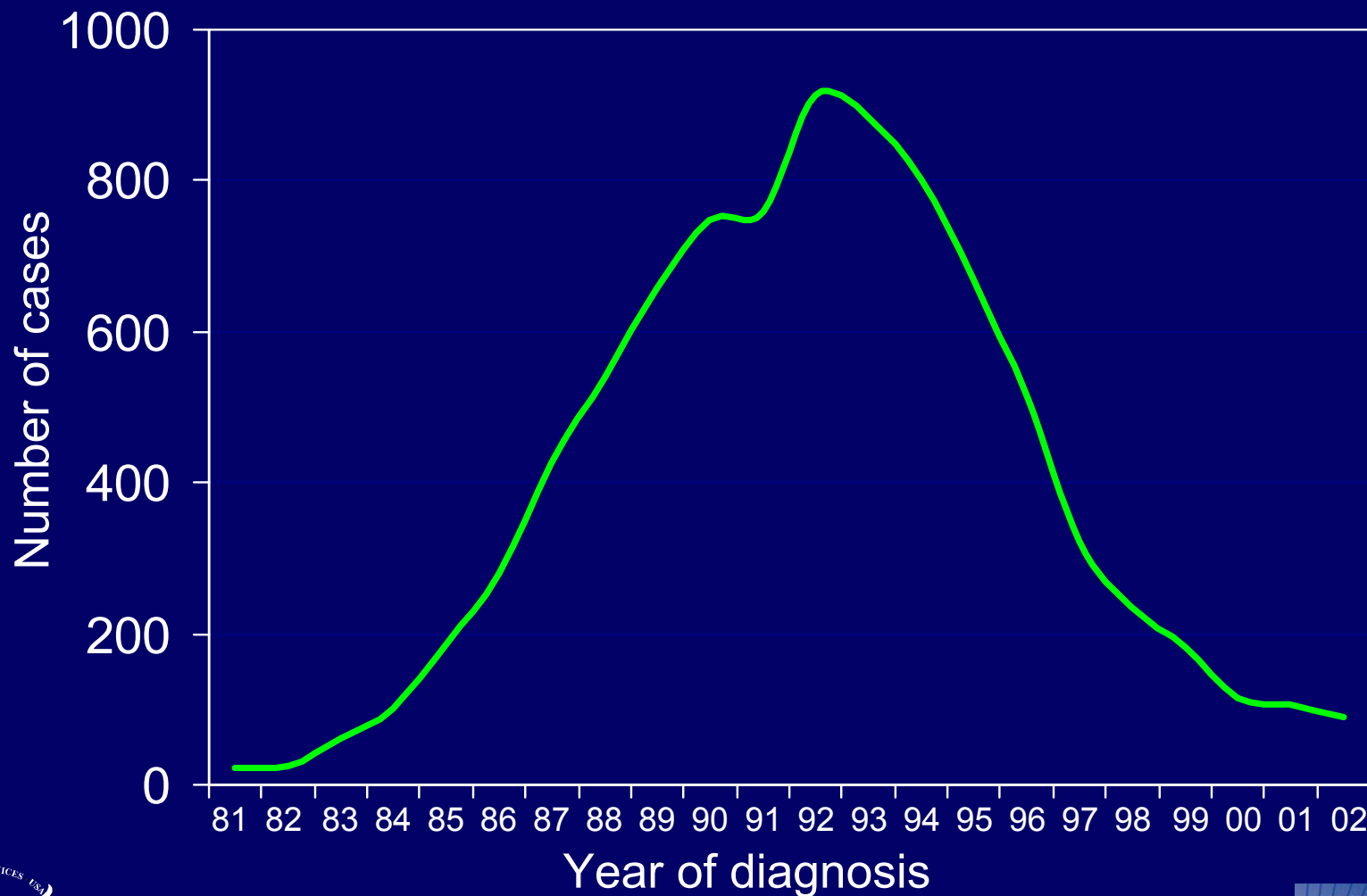
Proportion Reporting Anal Sex Behavior at Seroconversion & Post-Seroconversion Visits



Colfax et al, AIDS 2002



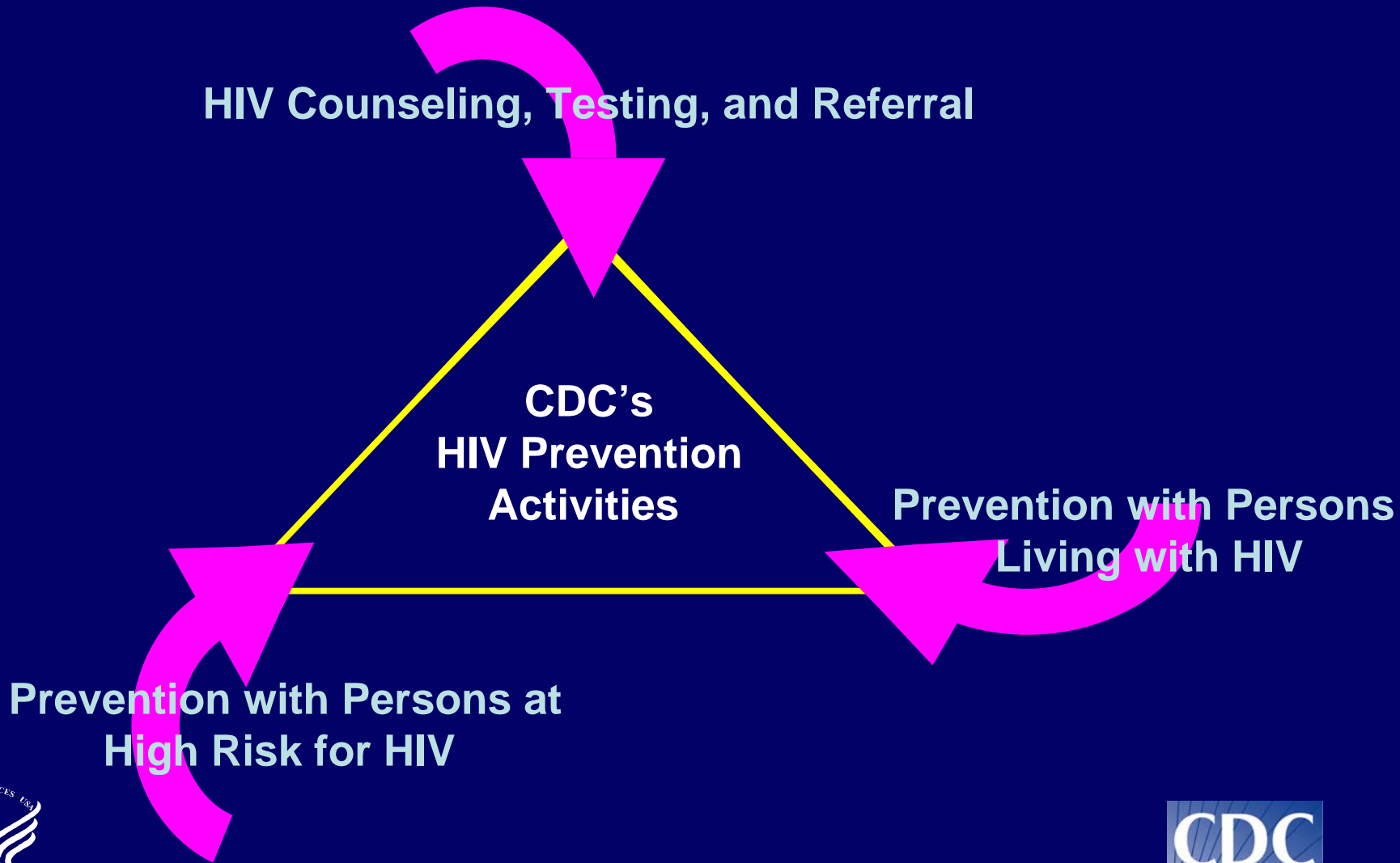
Perinatally Acquired AIDS Cases by Year of Diagnosis, 1981 – 2002, United States



Note: Data adjusted for reporting delays and for estimated proportional redistribution of cases reported without a risk.



CDC's HIV Prevention Strategy



CDC's Overall Approach to HIV Prevention

- CDC will continue to:
 - Support efforts to keep negative people healthy
 - Fund community-based organizations (CBOs) – especially those serving minorities
 - Rely on behavioral prevention approaches
 - Support community planning
 - Support voluntary testing
- **AHP is an *important component* of this overall strategy**



AHP Strategies

- Four priority strategies:
 1. Make voluntary HIV testing a routine part of medical care
 2. Implement new models for diagnosing HIV infections outside medical settings
 3. Prevent new infections by working with persons diagnosed with HIV and their partners
 4. Further decrease perinatal HIV transmission



Strategy 1: Make Voluntary Testing a Routine Part of Medical Care

- Work with partners to include HIV testing, when indicated, as a part of routine medical care
- Expand routine offering of testing
- Promote adoption of simplified voluntary testing procedures that do not require prevention counseling prior to testing
- Fund demonstration projects offering routine HIV testing to all patients in high HIV prevalence health care settings



Strategy 2: Implement New Models for Diagnosing HIV Infections

- Fund CBOs to pilot new models of CTR in non-clinical settings
- Increase emphasis on recruiting partners of persons with HIV for testing through PCRS
- Fund demonstration projects
 - Rapid HIV testing to improve outcomes of PCRS
 - Rapid HIV testing in short-stay correctional facilities
 - Rapid HIV testing in non-clinical settings
 - Using social networks to reach persons of color at high risk for HIV infection



Strategy 3: Prevent New Infections by Working with Persons Diagnosed with HIV

- Published *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection* (CDC, HRSA, NIH, and IDSA)
- Provide risk reduction counseling through PCRS to persons living with HIV
- Provide individual and group-level prevention interventions for PLWH
- Fund demonstration projects
 - PCM for persons living with HIV and their partners
 - Implementation of “Prevention in Care” guidelines for HIV prevention in HIV outpatient clinics

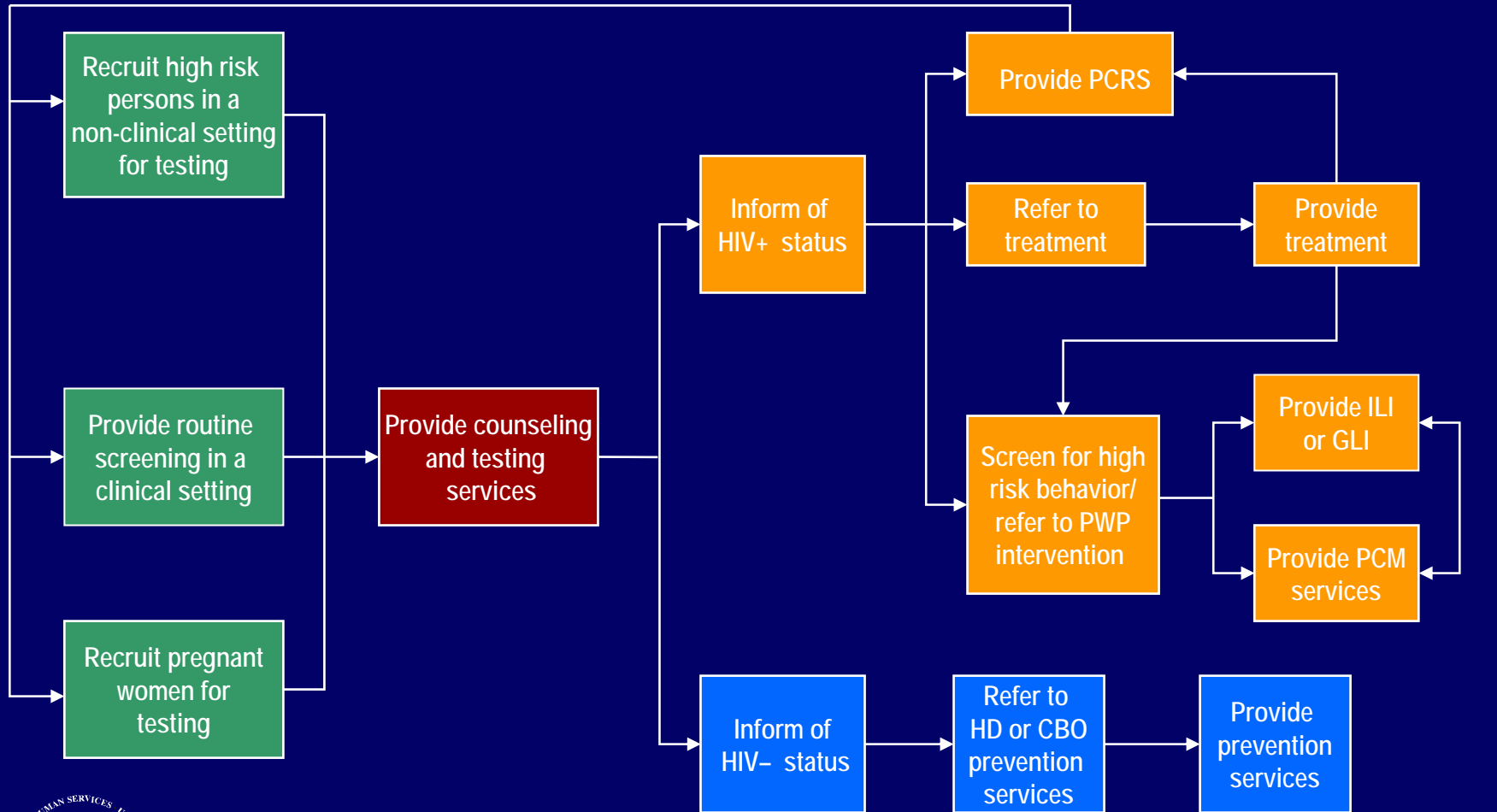


Strategy 4: Further Decrease Perinatal HIV Transmission

- Work with partners to promote routine, voluntary prenatal testing, with right of refusal
- Develop guidance for using rapid tests during labor and delivery or postpartum
- Develop guidance for routine screening of infants whose mother was not screened
- Monitor integration of routine prenatal testing into medical practice



Algorithm of Services Provided Under AHP



Monitoring/Tracking of AHP

- Incorporate evaluation in each demonstration project and initiative activity
- National behavioral surveillance and HIV incidence surveillance systems
- New performance indicators for state and local health departments and community-based organizations



How does the AHP Initiative impact community planning?

- AHP will impact the HIV Prevention Community Planning Priority Setting Process
 - CPGs now required to prioritize HIV-infected persons as the highest priority population for prevention services



AHP-Related Collaborations within HHS

- CDC and HRSA
 - Collaborative plan to outline how CDC and HRSA will work together to implement AHP
 - Co-sponsored HIV Stigma Consultation Nov 17, 2003
 - Work with AETCs to develop and implement rapid testing training for health care providers.
 - Interagency agreement with the Bureau of Primary Health Care to assess current practices on routine HIV screening and prevention for PLWH



AHP-Related Collaborations within HHS

- CDC and CMS (Center for Medicaid and Medicare Services)
 - Conference call with the CMS Regional HIV/AIDS Coordinators to explore implementation of AHP
 - Review of the legal and financial basis of Medicaid reimbursement of HIV prevention services including HIV screening in EDs
 - Procedures manual for states or clinical sites interested in billing Medicaid for HIV testing and prevention with PLWH



AHP-Related Collaborations within HHS

- CDC, HRSA, SAMHSA and CMS
 - Intra-Agency Working Group to share information about case management activities
 - Discuss program requirements
 - Develop strategies to strengthen collaboration at the service level
 - First meeting held Nov 3, 2003
 - Policy review to examine the provision of prevention services to people with HIV under Medicaid reimbursement systems
 - George Washington University
 - Integration of prevention into care and the formation of prevention and care networks



AHP-Related Collaborations within HHS

- CDC and SAMHSA
 - Initial meeting November 24, 2003 to discuss how substance abuse and mental health programs can collaborate to implement AHP
 - Ongoing discussions



AHP-Related Collaborations within HHS

- CDC and AHRQ
 - Collaborating on the “Review of the Evidence for Routine HIV Screening in Asymptomatic Adults and Pregnant Women”
 - Objective is to review evidence for consideration in the 3rd Edition of the US Prevention Task Force’s recommendations



Advancing HIV Prevention Consultations

- 4 CBO consultations across U.S. in April-June 2003
- Consultation with PLWH in August 2003
- Consultation with people of color in October 2003
- Consultation on stigma cosponsored with HRSA in November 2003
- Meetings with minority Congressional caucuses, PACHA, CDC/HRSA AIDS Advisory Committee, FAPP and constituents



Advancing HIV Prevention: Highlights of Recent Milestones

- Publication of *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV* (MMWR, July 18, 2003)
- Meeting of medical & nursing associations (July 2003)
- HDs required to make PLWHAs highest priority for prevention services (not the only priority)
- Demonstration project awards made and activities commencing



AHP: Highlights of Recent Milestones

(cont'd)

- Publication of Interim Technical Guidance for Grantees (July 2003)
- Revised CBO announcement: increased emphasis on early diagnosis, entry into care and prevention for positives
- Procurement of rapid tests and development of associated training



Impact and Outcomes of AHP

- Expand efforts to help PLWH to learn their HIV serostatus
- Expand CDC's efforts in focusing prevention programs for PLWH
- Focus CBO and HD prevention activities to ensure that every person living with HIV has:
 - The opportunity to get tested
 - Access to state of the art medical care, and
 - Access to ongoing prevention services to prevent transmission to partners
- Decrease new infections



Additional Information on AHP

- www.cdc.gov/hiv/partners/ahp.htm
- CDC. Advancing HIV prevention: New strategies for a changing epidemic. MMWR 2003;52:329-332

